SUBSTITUTE W 9/VENDOR UPDATE FORM

(Please print or type except for signature)

CPK-45903

In order for the State of Iowa to pay you the amount that is due to you and to comply with the IRS regulations on reporting these payments, we are requesting the following information. Failure to provide this information will result in withholding of payment.

BOX A				BOX B		
Are you/your business:		YES	NO	Is your business:	YES NO	
Individual	[1]			Corporation	[C]	
Or Sole Proprietorship	[S]			Partnership	[P]	
f the answer to both was no	o, please	complete B	ox B.	Estate or Trust	[E]	
If you answered yes to either item, please provide your Social Security number:				Public Service Corp Government	[G]	
AND				Other	[0]	
Complete the Name and Address below: Last Name:				Please explain Please provide us with your Federal Employer Identification number:		
First Name;				40040041 40040041		
Doing Business As: Address: City: State: Zip:				Address:		
to me), and (2) I am not subject to backuby the Internal Revenue S	nis form is up withho Service (II 3 has notif	ry, I certify the my correct Iding becaus RS) that I are ied me that I	nat: taxpayer ider e: (a) I am ex n subject to b am no longer:	ntification number (or I am s	Date:	
				From: Dept.	Add	
				Contact	Change (Include vendor code and changes only) Delete Reason	
				Added For Purchasing	nedsull	
				☐ Yes ☐ No ——————————————————————————————————		